

Appendix 5. Medication-related care plan considerations for residents with type 2 diabetes mellitus

- Carefully evaluate resident's comorbidities, overall health and resident/carer preferences.
- Ensure a sensitive discussion and documentation of an individualised treatment plan, glycaemic targets and strategies for medication management.
- Start low and go slow with doses when initiating and/or changing medications, using appropriate investigations.
- Assess and minimise the risk of hypoglycaemia and other ADEs related to GLMs. Consider use of the following resources when assessing medication use:
 - GLM-related ADEs risk assessment tool (available from the McKellar guidelines for managing older people with diabetes in residential and other care settings)
 - Beers criteria for potentially inappropriate medication use in older adults
 - STOPP: screening tool of older people's potentially inappropriate prescriptions, and START: screening tool to alert doctors to right treatments
 - Medication appropriateness index
 - Australian inappropriate medication use and prescribing tool
 - Australian Medicines Handbook *Aged care companion*
 - Australian type 2 diabetes management algorithm
- Consider use of non-pharmacological alternatives where possible.
- Simplify treatment regimens.
- Avoid sliding scale insulin.
- Conduct annual testing of eGFR (by a blood test) for screening and monitoring of CKD, for residents who are otherwise 'healthy' and whose care resembles standard care.
- Seek multidisciplinary input (eg from credentialed diabetes educators, aged care staff, pharmacists, allied health) where necessary.

- Consider reviewing management when hypoglycaemia, falls, urinary tract or other infections, confusion or non-specific 'incidents' occur.
- Ensure the resident, family members and aged care provider staff are educated regarding resident self-monitoring, documentation of BGLs, symptoms of hypoglycaemia and hyperglycaemia, and sick-day medication management strategies. A comprehensive approach to sick-day management is available from current Australian RACF guidelines.

ADEs, adverse drug events; BGLs, blood glucose levels; CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; GLMs, glucose lowering medications; RACF, residential aged care facilities

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